

# EXHIBIT 7

Form X-17A-5 Filer Information	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB APPROVAL
FORM X-17A-5	ANNUAL AUDITED REPORT Form X-17A-5 Part III	OMB Number: 3235-0123, 3235-0749
FACING PAGE Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder		

## X-17A-5: Filer Information

Filer CIK	<input type="text" value="0000853784"/>
Filer CCC	<input type="text" value="XXXXXXX"/>
Is this a LIVE or TEST Filing?	<input checked="" type="radio"/> LIVE <input type="radio"/> TEST
Would you like a Return Copy?	<input type="checkbox"/>
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>
Confirming Broker Dealer Copy File Number	<input type="text"/>
Confirming Security-Based Swap Entity Copy File Number	<input type="text"/>

### Submission Contact Information

Name	<input type="text"/>
Phone	<input type="text"/>
E-Mail Address	<input type="text"/>
Notify via Filing Website only?	<input type="checkbox"/>

## X-17A-5: Submission Information

Report for the Period Beginning	<input type="text" value="01-01-2022"/>
and Ending	<input type="text" value="12-31-2022"/>
Type of Registrant	<input checked="" type="checkbox"/> Broker-dealer <input type="checkbox"/> Security-based swap dealer <input type="checkbox"/> Major security-based swap participant <input type="checkbox"/> OTC derivatives dealer

### Material Weakness

Does this submission include an accountant's report covering the compliance report that identifies one or more material weaknesses?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## X-17A-5: A. Registrant Identification

Name of Firm	<input type="text" value="HSBC SECURITIES (USA) INC."/>
<b>Address of Principal Place of Business (Do not use P.O. Box No.)</b>	
Address 1	<input type="text" value="452 FIFTH AVENUE"/>
City	<input type="text" value="NEW YORK CITY"/>
State/Country	<input type="text" value="NEW YORK"/>
Mailing Zip/ Portal Code	<input type="text" value="10018"/>

### Name and Telephone Number of Person to Contact in Regard to this Report

Name	<input type="text" value="Steven N Lombardo"/>
Telephone Number	<input type="text" value="1-212-525-3425"/>

**X-17A-5: B. Accountant Identification****Independent Public Accountant**

Name - if individual, state last, first, and middle name

PricewaterhouseCoopers LLP

Address 1

300 Madison

City

New York

State/Country

NEW YORK

Mailing Zip/ Postal Code

10017

Check One

 Certified Public Accountant Certified Public Accountant not resident in United States or any of its possessions**X-17A-5: Signature****Oath or Affirmation**

I, **Steve Lombardo**, swear (or affirm) that, to the best of my knowledge and belief, the financial report pertaining to the firm of **HSBC SECURITIES (USA) INC.**, as of **12-31-2022**, is true and correct. I further swear (or affirm) that neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows:

Signature

Steve Lombardo

Title

Chief Financial Officer

**Notary Public**

Checking this box acknowledges that this oath or affirmation has been notarized.

